APPENDIX C14
Department of Health and Human Services
Mental Health and Developmental Services Division
Substance Abuse Prevention and Treatment Agency
Co-Occurring Capable and Enhanced Endorsements

The co-occurring disorder (COD) endorsement requires the integration of substance abuse treatment and mental health services for persons diagnosed with both a substance abuse and mental health disorder. Integrated treatment coordinates substance abuse and mental health interventions to treat the whole person more effectively; the term refers broadly to any mechanism by which treatment interventions for COD are combined within a primary treatment relationship or service setting. As such, integrated treatment reflects the longstanding concern within substance abuse treatment programs for treating the whole person, and recognizes the importance of ensuring that entry into any one system can provide access to all needed systems. The Division Criteria for the enhanced delivery of services employs a related system that classifies both substance abuse and mental health programs as advanced in terms of providing more integrated care.

The concept of no wrong door treatment strategies allow those suffering from persistent mental illness and chronic substance abuse disorders to engage in seamless treatment for co-occurring issues. This principle serves to alert treatment providers that the healthcare delivery system, and each provider within it, has a responsibility to address the range of client needs wherever and whenever a client presents for care. At the center of care for the co-occurring diagnosed is the easy access to treatment regardless of the presenting problem, e.g., mental health, substance abuse, or traditional health care concerns.

The Substance Abuse Prevention and Treatment Agency (SAPTA) follows the guiding principles regarding the treatment of COD and integrated care outlined in two key publications in the mental health and substance abuse fields to ensure responsiveness to the needs of individuals with co-occurring mental health and substance use disorders.This document identifies program guidelines for both COD capable and enhanced programs. The intent of these guidelines is to provide direction and to emphasize factors that are crucial in the treatment of individuals diagnosed with co-occurring disorders.

Guiding Principles in Treating Individuals with Co-Occurring Disorders
(CSAT, Treatment Improvement Protocol #42, 2005)

1. Employ a recovery perspective
2. Adopt a multi-problem viewpoint
3. Develop a phased approach to treatment.
4. Address specific real-life problems early in treatment.
5. Plan for the client's cognitive and functional impairments.
6. Use support systems to maintain and extend treatment effectiveness.

Guiding Principles of Integrated Treatment
(Mueser, K.T., Noordsy, D.L., Drake, R.E., & Fox, L., Integrated Treatment for Dual Disorders, 2003).

1. Core value: Shared decision making
2. Seven Principles of integrated treatment consist of the following:

    - *Integrated*: The same clinician (or team of clinicians) provides treatment for mental illnesses and substance use disorders at the same time.
    - *Comprehensiveness*: When needed, access to residential services, case management, supported employment, family psychoeducation, social skills training, training in illness management, and pharmacological treatment is available.
    - *Assertiveness:* Clinicians must make every effort possible to actively engage reluctant individuals in the process of treatment and recovery.
    - *Reduction of negative consequences*: Reduce the negative consequences of substance use, while developing a good working alliance that can ultimately help develop the motivation to address their substance use and mental health challenges.
    - *Long-term perspective*: Recognizing that each individual recovers at his or her own pace, given sufficient time and support.
    - *Motivation-based treatment*: Interventions must be motivation-based – meaning they are adapted to clients' motivation for change.
    - *Multiple psychotherapeutic modalities*: Including individual, group, and family approaches has been found to be effective.

Co-Occurring Capable Program Guidelines

This section indentifies the SAPTA guidelines regarding program structure, screening, assessment, treatment planning, clinical and auxiliary services, staffing, and quality assurance for COD capable programs.

Program Structure

- Agency mission statement and/or policy are all inclusive of people with co-occurring disorders.

- If a program is not licensed or certified to provide both mental health and addiction services, it has policies and procedures to ensure that individuals have access to services not provided directly by the program.

- Program displays, distributes, and utilizes literature and client/family educational materials addressing both mental health and substance use disorders.

Screening, Assessment, and Treatment Planning

- As required by SAPTA (MHDS), the program uses standardized mental health and substance use screening instruments with established psychometric properties for routine screening for psychiatric and substance use symptoms.

- Programs perform a formal, integrated, and comprehensive assessment. The assessment should identify and include the following information:
  - Psychiatric, substance use and trauma history including information pertaining to the interaction between an individual's mental health symptoms and substance use throughout the lifespan.
  - Stage of change for both disorders is documented.
  - Functional behavior and adjustment.
  - Contextual factors, i.e. person-situational factors such as vulnerability
  - An integrated formulation of strengths, history, current symptoms.
  - Documentation of both psychiatric and substance use diagnoses.

- The treatment/recovery planning process focuses on the recovery potential of an individual. It includes a focus on:
  - Co-occurring conditions, including co-occurring medical conditions
  - Incorporates stage of change principles.
  - Address each condition using stage-specific approaches.

Services

- The co-occurring capable endorsement can only be attached to an initial certified substance abuse treatment level. Therefore programs must meet all of the division requirements for these levels of service (please see the Division Criteria Appendix for information on requirements).

  The program must have the ability and capacity to provide care to individuals with mild to moderate symptom acuity regardless of any prior history of more significant impairment. Therefore, clients receiving treatment must be capable of independent functioning and actively participating in treatment. Substance use treatment programs admit individuals whose psychiatric disorders are primarily stable with no presence of being a threat or danger to self-or others and who have some capacity for self-regulation. Mental health programs admit individuals who do not require medical attention for substance withdrawal and have the capacity to limit or cease substance seeking behavior. The program will have the ability and capacity to provide care to individuals with mild to moderate severity of disability, including those who may be on chemical maintenance and/or psychotropic medications. Mild to moderate is defined as a degree of disability such that the individual is capable of independent functioning and the co-occurring disorder does not interfere significantly with participation in treatment or does not require inpatient care (for extensive description of this please see TIP 42).

Substance Programs admit individuals who fall into what is known as **Quadrant III** (see CSAT TIP 42) including individuals with:

- Stable Axis I mood, anxiety or posttraumatic stress disorders (Adolescents are usually admitted with an emotional disturbance)
- Less severe Axis II disorders or stable schizophrenia or bipolar disorders.
- Programs can admit an individual to rule out a diagnosis as long as there is a strong suspicion the individual will fall under a Quadrant III diagnosis. If this occurs the clinician needs to justify the placement and adequately track the mental health symptoms to ensure a co-occurring diagnosis. If the individual is found to not have a mental health diagnosis the treatment plan must be updated followed by the proper placement. V codes should be documented in the file however they are not suitable for placement in a COD program.

Mental health treatment programs admit individuals who fall into what may be commonly known as **Quadrant II** including individuals who are not physiologically dependent on a substance.

The Four Quadrants consist of:

The Four Quadrants (Center for Substance Abuse and Treatment (CSAT) Treatment Improvement Protocol, TIP 42:	
III. Less severe mental disorder/more severe substance disorder.	IV. More severe mental disorder/more severe substance disorder.
I. Less severe mental disorder/less severe substance disorder.	**II. More severe mental disorder/less severe substance disorder.**

- Program services integrate motivational interventions, education about the symptoms, course, and treatments for both mental health and substance use disorders, and information about the interactive nature of co-occurring conditions.

- Programs will provide social skills training which can be incorporated into the treatment episode.

- If psychopharmacologic interventions are not provided on-site, the program has a process in place to ensure that individuals have access to these services and the process is integrative in nature.

- Program will include families and/or others who can help support and maintain recovery. Types of services include family psycho-education or multi-family peer support groups or family therapy and should incorporate a focus on co-occurring disorders.

- Co-occurring disorders are addressed in the discharge planning process. Upon discharge, individuals should be connected to services that assist with maintaining and promoting recovery.

- Case management services should be provided whether by the primary clinician or an individual whose job it is to provide case management services. The models most effective when working with co-occurring clients are the clinical case management and stage-wise models outlined in the Mueser et al (2003) text mentioned previously in this appendix.

Staffing

- Clinical staff will have advanced backgrounds and experience in COD components of treatment, including dual credentials and knowledge of the effects and use of psychotropic medications.

- Clinical supervisors must be licensed in either the addictions or mental health fields.

- A multi-team approach is required. A psychiatrist is available on site in acute settings and through coordination in all other settings. Access to a continuum of care including educational and employment, medical referrals, and addressing housing needs are essential in providing services.

- On-site, documented clinical supervision sessions, including a focus on co-occurring disorders, are provided, at the frequency of at least one hour per week for individuals providing clinical services.

- Program must have a written training plan. The plan needs to include how the program will assist staff in maintaining and enhancing their competencies to provide services for people with co-occurring disorders through the use of current literature, films, other medium, in-service trainings, or external trainings. The plan needs to include training in specialized treatment approaches relating to COD and should include training in pharmacotherapy.

Quality Assurance

- Program must have the ability to address, track, and achieve the requested outcome measures including the National Outcome Measures (NOMs) (funded only)

- Program must have a written quality assurance plan, and evidence of its implementation including performance indicators.

Co-Occurring Enhanced Program Guidelines

Program Structure

- Agency mission statement and/or policy are all inclusive of people with co-occurring disorders.

- Program is licensed/certified to provide both mental health and addiction treatment services.

- Program displays, distributes, and utilizes literature and client/family educational materials addressing both mental health and substance use disorders.

- Program utilizes a stage-wise treatment approach incorporating motivational interviewing and/or other evidence based practices for treating co-occurring disorders i.e. cognitive behavioral therapy.

- Treatment providers view clients with COD and their treatment in the context of their culture, ethnicity, geographic area, socioeconomic status, gender, age, sexual orientation, religion, spirituality, and physical or cognitive disabilities. The provider especially needs to appreciate the distinctive ways in which a client's culture may view disease or disorder, including COD.

Screening, Assessment and Treatment Planning

- As required by SAPTA (MHDS), the program uses standardized mental health and substance use screening instruments with established psychometric properties for routine screening for psychiatric and substance use symptoms.

- Programs perform a formal, integrated, and comprehensive assessment. The assessment should identify and include the following information which should be documented in the clinical file:
    - Psychiatric, substance use and trauma history including information pertaining to the interaction between an individual's mental health symptoms and substance use throughout the lifespan
    - Stage of change for both the mental health and substance use disorder.
    - Functional behavior and adjustment.
    - Contextual factors, i.e. person-situational factors such as vulnerability
    - An integrated formulation of strengths, history, current symptoms.
    - Documentation of both psychiatric and substance use diagnoses (DSM-IV diagnosis).

- The treatment/recovery planning process focuses on the recovery potential of an individual and should:
    - Identify co-occurring conditions, including co-occurring medical conditions
    - Incorporate the principles of the stages of change
    - Address each condition concurrently using stage-specific and diagnostic-specific approaches.
    - Address and identify the continuation of psychotropic medications if clinically appropriate.

Services

- The co-occurring capable endorsement can only be attached to an initial certified substance abuse treatment level. Therefore programs must meet all of the division requirements for these levels of service (please see the Division Criteria Appendix for information on requirements).

  The program must have the ability and capacity to provide care to individuals with moderate to high symptom acuity. Therefore, clients receiving treatment will have a moderate to high level of instability and require more extensive support and monitoring in order to participate in treatment but there exists no threat or danger to self-or others, a need for detoxification or 24 hour psychiatric services. The program will have the ability and capacity to provide care to individuals with moderate to high severity of disability, including those who are on chemical maintenance or psychotropic medications. Clients who are found to be moderate of high acuity will have long-term functional impairment as a result of substance dependence and/or a mental health disorder including severe mental illness. Additionally, moderate to high clients will have impairments in several functional areas.

  Enhanced programs admit individuals who fall into **Quadrant I, II or III** but can also admit clients who full under what is known as **Quadrant IV** (see CSAT TIP 42) which include individuals with:

    - Schizophrenia-spectrum disorders
    - Severe mood disorders with accompanying psychotic features
    - Severe anxiety or personality disorders

  Programs can admit an individual to rule out a diagnosis as long as there is a strong suspicion the individual will fall under a Quadrant IV diagnosis. If this occurs the clinician needs to justify the placement and adequately track the mental health symptoms to ensure a co-occurring diagnosis. If the individual is found to not have a mental health diagnosis the treatment plan must be updated followed by the proper placement. V codes should be documented in the file however they are not suitable for placement in a COD program.

The Four Quadrants consist of:

The Four Quadrants (Center for Substance Abuse and Treatment (CSAT) Treatment Improvement Protocol, TIP 42:	
III. Less severe mental disorder/more severe substance disorder.	**IV. More severe mental disorder/more severe substance disorder.**
I. Less severe mental disorder/less severe substance disorder.	II. More severe mental disorder/less severe substance disorder.

- Program services integrate motivational interventions, education about the symptoms, course, and treatments for both mental health and substance use disorders, and information about the interactive nature of co-occurring conditions.

- Program services will include trauma informed and trauma specific services.

- Psychopharmacologic interventions are provided on site (methadone and bupernorphine services are not provided on site).
  - A psychiatrist or registered nurse must be available to provide psychiatric evaluation, prescribe medications and medically monitor clients.
  - The onsite prescriber will be available to staff to provide consultation and take part in clinical staff meetings.

- Program will include families and/or others who can help support and maintain recovery. Types of services include family psycho-education or multi-family peer support groups or family therapy and should incorporate a focus on co-occurring disorders.

- Co-occurring disorders are addressed in the discharge planning process. Upon discharge, individuals should be connected to services that assist with maintaining and promoting recovery.

- Case management services should be provided whether by the primary clinician or an individual whose job it is to provide case management services. The models most effective when working with co-occurring clients are the clinical case management and stage-wise models outlined in the Mueser et al (2003) text mentioned previously in this appendix.

Staffing

- Clinical staff will have advanced backgrounds and experience in COD components of treatment.\

- At least one direct care staff, in addition to the clinician who has the ability to prescribe medications, has mental health licensure and at least one direct care staff has an addiction treatment license

- Clinical supervisors must be licensed in either the addictions or mental health fields.

- A multi-team approach is required. A psychiatrist is available on site in acute settings and through coordination in all other settings. Access to a continuum of care including educational and employment, medical referrals, and addressing housing needs are essential in providing services.

- On-site, documented clinical supervision sessions, including a focus on co-occurring disorders, are provided, at the frequency of at least one hour per week for individuals providing clinical services.

- Program must have a written training plan. The plan needs to include how the program will assist staff in maintaining and enhancing their competencies to provide services for people with co-occurring disorders through the use of current literature, films, other medium, in-service trainings, or external trainings. The plan needs to include training in specialized treatment approaches relating to COD and should include training in pharmacotherapy.

Quality Assurance

- Program must have the ability to address, track, and achieve the requested outcome measures including the National Outcome Measures (NOMs) (funded only)

- Program must have a written quality assurance plan, and evidence of its implementation including performance indicators.